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CLINICAL LECTURE.

RESULT OF THE REMOVAL OF A UTERINE FIBROID.—UMBILICAL HERNIA. — CANCEROUS DEGENERATION OF UTERINE MUCOUS MEMBRANE.[1]

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Result of Removal of Uterine Fibroid.

Gentlemen: I operated upon this woman four weeks ago for uterine fibroid. She gave a history of a fall in 1884, since which she has suffered with menorrhagia, and when admitted to the hospital had an exceedingly offensive discharge. When examined the growth was found to protrude itself through the cervix, so that the latter was dilated to the extent of two and one-half inches. This condition might have been produced by one of two things: a fibroid or an inversion of the uterus. Inversion may result from malignant disease, such as sarcoma, or as the result of labor, where premature traction upon the cord, in an attempt to deliver the placenta in a relaxed uterus, may cause it to turn inside out; or, again, inversion may result from traction of a fibroid situated near the fundus. In the examination of this patient, however, finding that the sound passed an equal distance all round, and that there was no indication of a depression of the fundus, I arrived at the conclusion that I had to deal with a fibroid tumor. Further examination also disclosed that the vitality of the tumor was seriously injured from the pressure to which its base had been subjected in the dilatation of the os, and that it was undergoing decomposition. For a few days prior to the operation she had had an elevation of temperature varying from 101° to 103°, which was undoubtedly caused by systemic absorption of poisonous material from this decomposing mass. The first two days after the operation the temperature continued at 103.2°, since which it has rapidly come down to normal. The patient has recovered without any hemorrhage or any unpleasant symptoms.

There are different methods of procedure in the removal of these masses; such as by the use of the spoon-curette, the wire ecraseur, the galvanic cautery wire, twisting the pedicle or cutting through it with scissors. It is important, in whatever procedure is used, to make certain that the whole of the tumor is removed; as any remaining portion will suffer from want of nutrition, will undergo sphacelus and will endanger the life of the individual from septic conditions. This removal, it seems to me, can be best accomplished, where the base of the tumor is not too large, by twisting its pedicle; for this purpose a strong pair of Volsella forceps is necessary.

Umbilical Hernia.

This patient presents an additional condition of clinical interest which you will observe as I expose the abdomen. You see an enlargement upon the abdominal wall at the umbilicus, which increases with coughing, with straining or when the woman assumes an upright position, and which may be partially obliterated by pressure upon it. This is what is known as an umbilical hernia, and as the mass cannot be entirely obliterated or returned into the abdominal cavity, it is evident that a portion of the omentum or knuckle of intestine has become glued fast to the edges of the opening, forming

[1] Delivered at the Philadelphia Hospital.

what is known as an irreducible hernia. You will ask what can be done for the relief of such a patient? If the hernia were readily reducible, so that the whole of the intestine and the other contents of the hernial cavity could be returned, the patient might be able to live comfortably by wearing a truss. In this patient, however, with a portion of the hernia protruding, the feasibility of wearing such an instrument is impracticable, and the only certain and permanent relief of the condition will be an operation in which the peritoneal cavity shall be opened, the intestinal adhesion separated and the protruded portion returned to the abdominal cavity. The edges of the abdominal wall should be dissected so that the muscle and aponurosis are exposed. These should be brought together by sutures and the patient, for a length of time after her recovery, should wear a bandage to support the abdomen and to relieve it from pressure.

A hernia of this character sometimes becomes strangulated. When this occurs, the proper method of procedure would be to relax the abdominal muscles by the position of the body and limbs, and to exercise judicious taxis with a view to the return of the imprisoned viscus. This may be attempted also under the influence of an anæsthetic, by which the muscular relaxation will still be more effective. Should the measures fail, an operation should be resorted to rather than to continue the exercise of external pressure.

These hernia sometimes attain a very large size. A case of the kind came under my notice some years ago in which the protrusion had been with such force as to tear the peritoneum and permit the intestine to dissect up the superficial fascia. Increased adhesions had to be broken up before the parts could be returned into the abdominal cavity.

Cancerous Degeneration of the Uterus.

This woman is sixty-three years old. Her health has been remarkably good until this trouble, and there is no family history of any malignant disease. She has never been pregnant. For about a year she has had an ichorous, fetid, and sometimes bloody discharge. The uterus is enlarged and the cervix is elongated. The introduction of the sound into the cavity is immediately followed by a discharge of bloody and sanious liquid. It is my purpose this morning to draw down the cervix, and, by the use of the curette, to endeavor to obtain some portions of this tissue which we can subject to the microscope to confirm the suspicion I have of the presence of malignant disease. The age of the patient and the character of the discharge are such as to impress us of the probability of the disease being malignant. In order to determine the condition of the uterine cavity, I dilate the cervix, after which I find the sound passes in a distance between four and five inches. The curette is now used, and, judging from the specimens brought forth, I have no hesitation in saying the disease is one of a malignant character. These masses will be subjected to the microscope, after which we will decide farther as to what shall be done. This case presents opportunities of rather unusual interest. In the first place, the body of the uterus is the part which seems involved. This occurs in only about two per cent. of the cases in which the uterus is the seat of malignant disease. In the second place, the patient gives no history of ever having been pregnant. Malignant disease is rare in women who have not borne children. Now, as to the treatment of this patient; the only plan of treatment which offers even a shadow of a chance of successful removal of the disease would be extirpation of the uterus. You can readily see that the application of strong destructive agents within the cavity of the uterus, where its evacuation or drainage would be attended with considerable difficulty, would be a less desirable method of procedure. I have no hesitancy in going still farther and saying that, in the light of the present developments in regard to the treatment of cancer of the uterus, when the disease is limited to the uterus, whatever portion of it may be involved, the removal of the organ is absolutely indicated.

—Chloral and antipyrin are known to liquify when brought into contact. L. Reuter, in a German journal, reports that, allowing this syrupy liquid to stand several days, colorless and tasteless crystals (presumably "tri-chloraldehyde-phenyl-dimethyl-pyrazolon") will form, which are therapeutically inactive, and devoid of the characteristic properties of the original ingredients.

COMMUNICATIONS.

IMPROVED HYPODERMIC SYRINGE.

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In the MEDICAL AND SURGICAL REPORTER, September 28, 1889, I described a new method of administering hypodermic injections. . Through the courtesy of a reader of the REPORTER, I discovered that as long ago as 1876, Dr. Edgar Holder, of Newark, N. J., devised a syringe upon the same general principle as the one I had supposed to be entirely original with myself. The matter of their manufacture and sale seems never to have been pushed; the extreme simplicity of the device probably proving a bar to its general introduction. As far as can be learned, only one firm of instrument manufacturers made and handled the article. Another year's experience with the simple apparatus, already described in the REPORTER, adds greatly to my satisfaction with it. I have suffered none of the annoyances of a broken syringe, dry plunger or lost washer. The operation of giving a hypodermic injection I can perform with greater quickness and thoroughness than when using the usual form of syringe. The risk of the formation of abscess is much lessened; for the syringe I am about to again describe is as nearly aseptic as can be.

Take the rubber or bulbous portion of an ordinary medicine dropper, using care to select one of some strength and firmness. Insert into its open end the proximate extremity of a hypodermic needle. The fitting is not expected to be close, but can easily be rendered air tight by a few turns of thread or, preferably, a fine rubber band —Faber's No. 10 is strong enough. Now compress the bulb to flatness to expel the air, and dip the needle-point into some water, release the pressure upon the bulb and it fills with water in the space of twenty-five or thirty seconds. Now by pressure discharge the water into a teaspoon, add your tablet, make the solution and draw it up again into the bulb, and you are ready for injecting. Pinch up a fold of the skin in the ordinary manner, thrust in the needle and deliver the injection by firm pressure upon the bulb, holding it transversely to the tips of the fingers. The first filling of the bulb and discharging into a spoon is merely to measure the exact capacity of the bulb and to leave no space for air; though the admixture of a minute quantity of air would not be in the least degree harmful, unless injected into a vein. Practically, no air enters; and an objection upon this ground will speedily disappear under a fair test.

The method which I have now employed for a year and a half is, of course, crude, and the instrument far from as nearly perfect as it is capable of being made. A well-known instrument maker, of Philadelphia, is about to manufacture a syringe upon the principle in question. The bulbs will be of two sizes—fifteen and thirty minims. The idea of a screw fitting between the bulb and needle will be abandoned as unnecessary. The needle will be made with a rounded extremity precisely like the glass tubular portion of the medicine dropper, and over this the open extremity of the bulb will fit tightly. A small glass or porcelain dish or cup will be a part of the outfit of exactly the same capacity as the bulb; so that the solution can be made without any preliminary measuring. The bulbs will be made strongly and of the best quality of rubber. They should fill in ten seconds or less. With the injector carried in my buggy-case I can readily be prepared to give an injection within the short space of two minutes. This includes the fastening of the needle and the twice filling of the bulb. Surely, this is sufficiently speedy, but by the help of the instrument maker the time can be greatly lessened. For my part, even if the instrument manufacturers fail to perfect the idea, I have parted company with the ordinary hypodermic syringe. Mine cost fifty-five cents each and give every satisfaction. Others cost from two to three dollars each and are soon out of order. My experience can be made that of any practitioner who will take an interest in the matter, and who will not allow his own lack of skill in its use to lead him into condemnation of the method.

Nothing can be more satisfactory than the operation of this method of giving injections where whiskey or fluid extract of ergot is to be administered. The determination to inflict upon the readers of the REPORTER this second article upon the subject arose upon the recent occasion of a case of placenta prævia, where the operation of version had just been performed under ether anæsthesia.

The patient could afford no further loss of blood, and I desired instant uterine contraction and expulsion of the placenta. Two injections, of twenty-eight minims each, of fluid extract of ergot were quickly given—a pretty large dose; but my object was attained. The arm was pretty sore for two or three days, but no abscess resulted. The uterus contracted firmly, and the patient ultimately made a good recovery. The pulse ran at the rate of a hundred and twenty for forty-eight hours after delivery, showing that not much more blood could have been spared. As the case approached its termination I reflected upon the probable need of the hypodermic use of ergot or whiskey before the finish, and took comfort in the assurance that my syringe was in good order, notwithstanding the fact that it had not been used for many months.

I have four or five or more of these syringes; one that I keep at my home, in my emergency case, for use when walking short distances at night, one or two in my buggy case, and two in my obstetric bag. In fact, by this method one can own as many syringes as he possesses needles; so little more than the needle being required. Said Dr. John B. Roberts, the well-known Philadelphia surgeon and Professor of Surgery in the Women's Medical College, in a conversation held at Atlantic City last spring: "I have so frequently been annoyed at finding my hypodermic syringe out of condition for immediate use. Your idea gives me the means of giving an injection if I have but a needle and a medicine dropper." The same gentleman gives his unqualified endorsement to all my claims in regard to the practical utility of the instrument, and suggests that it be named the "aseptic" injector.

The objection may be made that twenty-eight drops, the capacity of the average bulb of a medicine dropper, is too large a quantity of fluid for an ordinary injection, and that a smaller quantity of fluid will be absorbed more rapidly. We are not certain that twenty-eight minims will be any slower in being absorbed than five or ten. I have not detected any appreciable difference myself. Still, if this objection be a valid one, it applies only to the unperfected method thus far employed by myself. The bulbs can be made of any capacity, smaller or greater than that of the nipple of a medicine dropper. I propose that each case contain two or three bulbs of different sizes, the needle fitting to either one or another.

Instrument makers with whom I have had correspondence approve of the idea, and make promises of carrying it out, but are slow in doing so. The reason probably lies in the fact that the bulb injector would have to be sold at a much lower price than the ordinary syringe, and that it would be durable and never require repairing. Nevertheless, as above stated, an enterprising manufacturer will soon place them on the market.

Now, to sum up; the following are the claims made for the crude apparatus in use by myself: 1. It is simpler in construction than the ordinary syringe; hence more reliable, as it never gets out of order. There need be no leakage. It works as well after one or two months of non-use as if used daily. 2. Its cheapness; the cost being about one-third that of the usual instrument, when provided with two needles. 3. Its effectiveness; it accomplishes all that any other contrivance designed for the same purpose will accomplish, with the single exception of being used as a means of injecting ether. Contact with the latter soon destroys india rubber. 4. It affords a means of rendering the delivery of a hypodermic injection in an aseptic manner. The bulbs are very easily cleaned and easily kept clean. The likelihood of the occurrence of abscess from anything introduced from without is reduced to a minimum.

Improvement and perfection at the hands of the instrument maker will only emphasize the claim made for the device in question. As for myself, as before stated, I have no further use for the method of giving injections ordinarily employed. The plan above described gives equal and abundant satisfaction to both physician and patient.

CATARRH.[1]

BY ERNEST M. LYON, M. D.,
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Catarrh in its many relations, is a disease so frequently calling for the consideration of every physician, and, one upon the successful treatment of which so much often depends, that a few words bearing upon the matter may not be out of place, especially in view of our experience of the past winter. Broadly considered catarrh may be defined as a diseased condition whose prominent char-

[1] Read before the Practitioners' Club.

acteristic is a discharge or flow from a mucous surface, and for purposes of classification, it may be divided into two great divisions: acute and chronic. Acute catarrh may be further divided into specific and non-specific.

The object of this paper is to draw your attention to the importance of considering catarrh, not simply in the light of a symptom, as is often done, but more as an essential fever, and of treating it as such.

The conditions necessary for the production of a catarrh are first, a mucous membrane; second, some irritating substance or sudden change of temperature; and, third, as a resultant of these or of similar causes, the presence in and around the muciparous follicles of an excess of blood stimulating them to secretion. The gravity of the case depends upon the initial force of the irritation, the situation of the congested part and the success of the means employed to relieve it.

The pathological changes occurring in a case of acute catarrh are interesting. First the congestion, which, if it be severe, distends the capillary circulation to an enormous extent; the contiguous parts are engorged with blood; the circulation through the affected part becomes slower, and, in proportion to the looseness of the tissues, the tumefaction greater. Then Nature attempts to cure this condition by instituting the characteristic flow of mucus with the view of depleting the blood-vessels; this may prove successful, and if so, there is a spontaneous recovery as in a common cold, but if not successful, the congestion goes on accompanied by more or less of fever, until there supervenes a condition of vaso-motor paralysis, the capillaries remaining full, the mucous membrane puffy and sodden and covered with a constant coating of mucus from the relaxed follicles. The disease is then said to have become chronic.

The clinical history of catarrh varies considerably with the location of the attack. When confined to the throat and nose, there is usually frontal headache, suffusion of the conjunctiva, difficulty in breathing through the nose, sneezing and a sense of suffocation, combined with general malaise and some fever. As the disease progresses downwards, the constitutional disturbance becomes more marked, and the symptoms of a corresponding gravity; and if the lungs are reached we may have a profound disarrangement of the physiological functions and often death. It is here in the lungs that catarrh most often gives an exhibition of its possibilities when the inflammation involves a large surface. The lungs, with their innumerable small tubes lined with a continuous mucous membrane, offer a field in which the disease may display its powers upon a grand scale. The fever increases in intensity; cough becomes a prominent and distressing symptom; respiration becomes difficult and accompanied by a sense of oppression. These symptoms subside after a time, either spontaneously or as the result of proper treatment, and are followed by expectoration of mucus and muco-pus; and the attack is over, to result either in complete recovery or in the chronic form of the disease. A severer form is where the inflammatory products so occlude the smaller bronchioles, that, while the exit of air contained in the air-cells is permitted, ingress of fresh air is not. This results in collapse of the cells with inflammatory adhesion, prolonging the case indefinitely and often, especially in children, deciding the balance between life and death.

Gastro-intestinal catarrh may be either general or local, and the symptoms will vary accordingly. It may be general in the sense of involving the whole digestive tract, from the stomach to the anus—as, for instance, in sporadic cholera; or it may be local, as involving some one part as the stomach or cæcum. In the class of general gastro-intestinal catarrh I am inclined to catalogue, not only such diseases as sporadic cholera, but also remittent and typhoid fevers; and, while ascribing the two latter to specific causes I still entertain the opinion that they are both essentially catarrhal diseases. The past winter with its epidemic of catarrhal fever has been the means of convincing many practitioners of the constant presence in the atmosphere of a morbific principle that only needs favorable conditions of temperature, moisture, etc., to manifest itself in an epidemic. The whole history of this disease goes to show that it has recurred at various periods from time immemorial whenever the conditions were favorable, and that it is capable of attacking any or all parts of the body either at once or seriatim. Such a history as this can belong only to a disease having some special microbe or other analogous means of propagation; and the time may come when all catarrhs outside of those due to the action of cold or local irritants, can be traced to the special poison of this disease.

Gastric catarrh, when occurring in the adult, most often comes under the physician's notice in the chronic form, and is usually the result of repeated attacks of acute or especially subacute, gastritis, commonly recognized as dyspepsia by the laity; and it forms one of the most intractable of all diseases to permanently cure, owing to the fact that the physician has the patient's bad habits of eating and drinking to contend with. The acute form is usually the result of the ingestion of indigestible or irritating substances, or of excess in the use of alcoholics, and may prove dangerous to life. The nervous condition known as delirium tremens is nearly always preceded by acute gastric catarrh, which in its turn makes a profound impression upon the sympathetic nervous system. At all events, there is no better way to treat this condition than to direct a part of one's efforts towards reducing the gastric irritation.

Gastric catarrh occurring in infantile life is one of the most common of all affections and also one of the most troublesome. It occurs mainly in bottle-fed infants, and is the cause of much ill health and imperfect nutrition. Children affected with it vomit a large part of their food, and experience a great deal of pain, which causes wakefulness and interferes greatly with sleep. The excessive secretion of mucus interferes with the proper contact of the food with the coats of the stomach (without which there can be no perfect secretion from the peptic glands), and also renders the contents of the stomach more prone to fermentation and decomposition, thus filling the stomach with gas, to the great distress of the infant. When acute gastric catarrh is associated with the same condition in the intestines—as it sometimes is in the adult, and very frequently is in young children—it becomes a serious matter for the patient, and calls for our best efforts, especially when it invades the rectum as in dysentery, or when the vermiform appendix is involved.

Acute catarrh of the genito-urinary tract may be best considered by division into specific and non-specific, of which the former is by far the most frequent and troublesome. Non-specific catarrh in this locality is usually due to the presence of some foreign substance, either in the kidneys, the bladder, the uterus or the urethra, such as gravel, calculus, pessaries or sounds; and it is generally relieved by removal of the irritating substance. Specific catarrh, on the contrary, is due to introduction of the poisonous virus of syphilis, gonorrhœa or chancroid; and their effects may be felt not only locally, but also in parts remote from the seat of the original inflammation. The injudicious handling of a chancroidal ulcer, and the subsequent introduction of the finger into the eye or mouth, has been the means of dimming the lustre of many a bright eye, and of carrying contagion to innocent people. This is also true of gonorrhœa. How many women there are who are barren because of the introduction of gonorrhœal virus into the vagina, that has worked its way upward into the womb, with the result of setting up there an inflammatory catarrh, contact with which would kill the average spermatozoön in short order. This devastating effect of gonorrhœal poison, is also true of the bladder in both sexes; and the inflammation may even reach the uterus, through them the kidneys, while from the uterus it may penetrate to the ovaries through the Fallopian tubes. The chronic diseases of the genito-urinary apparatus are the most intractable and their treatment is hopeless in a large class of cases, particularly those of the uterus and bladder.

Catarrh of the eye and ear will not be discussed in this paper, that being left for some of our specialists.

The list of catarrhal affections fills a large place in the catalogue of diseases calling for the attention of the average physician, and their treatment varies with their location, intensity and cause. Clinically considered, acute catarrh calls for treatment as a disease, and chronic catarrh as a diseased condition. The prime factors in the treatment of catarrh, wherever found and due to whatever cause, are: First, to remove the cause at once if possible. This can be done if it be local, by removal of calculi, pessaries, etc. Second, as soon as possible after the attack has begun we should endeavor to limit the amount of blood in the affected part and give it physiological rest. Third, we must restore the tone of the mucous membrane. In this we can learn a great deal from Nature, who endeavors to cure the disease by institution of the catarrhal flux; and this should serve as a hint for us to do likewise. Acute catarrh of the bronchial mucous membrane, if sufficiently severe to cause much fever, calls for prompt measures of relief. The first and best thing to do, is to produce profuse diaphoresis; and to this end we should use warm or hot foot baths, and give hot drinks containing a

small amount of alcohol, and one of the new antipyretics, of which I prefer antifebrin. After using successively the prominent members of this family of drugs, and especially antifebrin, of which I have administered, since January 1, some thousands of grains, it has proven in my experience the safest and most useful, being devoid of all danger if used with any sort of moderation. The diaphoresis produced by its use is prompt, the fever is always lowered, and often the patient goes quietly to sleep. After the sweat, a large warm poultice of flaxseed and camphor, with mustard mixed into it, should envelop the chest, both back and front if necessary, and this should be covered with oiled silk. An anodyne, such as Dover's powder, should be given; and in nine cases out of ten the disease will be so modified that its succeeding history will not be at all severe, provided we have been called early enough. There has been a great deal said in relation to the use of poultices. Provided they are properly made and applied, they are among the most valuable of the means at our command to relieve this disease and cannot be approached for effectiveness by cotton batting, so much in favor by our homœopathic brethren.

Among drugs, the iodide of potassium stands at the head. It should be given in full doses and as frequently as the stomach will bear it, and it may be given to saturation without danger. This drug possesses the power to promote in some way the flow of mucus, probably by stimulation of the glandular substance; and its use should be continued as long as the fever lasts and a day or two longer, when it should be succeeded by the muriate of ammonia and cod-liver oil for another period. If, in spite of our efforts, the disease becomes chronic, the treatment should become astringent and stimulating; and for this purpose the balsamic remedies are useful, especially eucalyptus and chequen, together with quinine and strychnine.

Gastro-intestinal catarrh should be treated upon the same general principles as the foregoing. When we are called to a patient whose symptoms point to the digestive tract as the seat of disease, it is good practice in almost all cases to empty the stomach and bowels with a purge as soon as possible; and, provided it can be taken, that much-maligned old-fashioned remedy, castor-oil, answers the purpose better than any other. It seems to work better than any other cathartic in intestinal catarrh, almost a specific, in fact. The next important consideration is diet; and the best diet in many cases, for some hours at least, is nothing at all. Give the stomach and bowels as nearly physiological rest as possible—a sort of masterly inactivity as it were. This gives the liver an opportunity to exercise its depurative functions and to rid itself of all superfluous blood—a very important consideration at times, and there is often great disturbance of the biliary function due to catarrh of the duodenum and ductus communis: a condition which favors resorption of bile and consequent jaundice. It is exactly this condition of things that precedes continued fever; and, in my opinion, these same fevers are essentially catarrhal and depend for their continuance upon a prolongation of the original catarrhal inflammation of the intestinal mucous membrane in just the same manner that bronchial catarrh is sometimes prolonged by extension. Should the fever become continuous, the use of quinine is indicated, and it should be given freely throughout the attack and continued into convalescence, occasionally giving it to cinchonism, say once in three or four days, to guard against malarial complications. The use of antipyretics is indicated here, and they should be given whenever the temperature rises to or above 103°, and preferably at night, and they should be continued in decreasing doses until the fever subsides and becomes extinct for twenty-four hours. An important point is the diet; this should be always fluid and should consist of milk, barley gruel, etc. Considerable alcohol, in combination with food, may be taken with benefit. The subnitrate of bismuth, given in fifteen to twenty-grain doses every two hours, is a valuable drug, and may be used with benefit and without danger for long periods. Should the bowels become sensitive, warm poultices, covered with oiled silk, are useful and at times exert a favorable influence upon the fever. This was the case with my own boy and with many others. Enough morphine should be given to allay pain and sleeplessness and to restrain too frequent stools. Should the opposite condition, of constipation, prevail, large enemata of plain warm water are often of extraordinary benefit. Sometimes they are retained for hours without discomfort, to be followed by a natural stool, very rarely, however, of as large a quantity as the injection, part of the water being absorbed.

These patients are benefited by large enemata daily as a part of the treatment. In the declining stage of the disease mineral acids, pepsin and port wine are indicated.

Genito-urinary catarrh is so often the result of venereal causes that its treatment demands a separate paper and will not be discussed here.

SIX SUCCESSFUL OPERATIONS FOR BILIARY CALCULI.

BY B. CURTIS MILLER, M. D.,

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Case 1. Mrs. S. A. W.; 44 years old; married, and the mother of seven children; was six weeks pregnant at the time of this operation, after which she went to full term and was delivered of a healthy male child. I was called to see her by my friend Dr. R. S. Henry, of Charleston, W. Va. She was a large, muscular woman, weighing probably 160 pounds, and while she was a little sallow in the face she did not present the appearance of a person suffering from any organic disease of a serious nature. The symptoms, as complained of most and described by the patient, were pain and soreness at various times in the region of the liver and stomach. About once every two weeks this pain was more severe and extended into the hypochondriac region and around to the back in the region of the right kidney. The pain at times was very severe under the right scapula; afterwards it was followed by a rigor and accompanied by excessive vomiting and extensive constitutional disturbance. These paroxysms usually lasted from one to two hours. The woman stated that her appetite had been impaired only during the past two months. She was generally constipated, and her feces were light in color. These symptoms had developed about one year previous to the examination, and had been treated by a number of physicians without obtaining any benefit from the administration of medicines. The abdominal walls were very thick and the muscles quite rigid; and no action from the bowels had taken place during the past three or four days. This condition of the patient prevented a satisfactory examination of the abdominal contents; but I was enabled to make out an oval abnormal growth occupying the right hypochondriac region. It had a slight movement from side to side and was quite tender to the touch. The tumor seemed to be about the size of the two fists. The patient was advised to return home (with the promise that we would see her in a few days) with instructions to take an active purgative the day previous to our arrival. At this stage of our examination we thought it a case of sarcoma of the kidney.

On our arrival at her house, her condition being more favorable for an examination, as a result of the thorough evacuation of the bowel by the action of the salts administered as we had advised, we could now make out very distinctly a distended gall-bladder, which could be readily moved in any direction excepting downwards. The line of enlargement was in a diagonal course from the normal situation of the gall-bladder towards the umbilicus. Dulness existed over the entire growth. The shape was that of a pear.

The abdomen was opened December 5, 1887, with the assistance of Drs. Henry and Mitchel, and a gall-bladder containing 204 stones and one and one-half pints of pus was found. All of them were removed through the two-inch incision in the gall-bladder and abdominal walls. The edges of the gall-bladder were now carefully stitched with continuous sutures to the edges of the parietal wound. In this way the gall-bladder was securely fastened to the abdominal opening, thus preventing the bile from entering the abdominal cavity. I next placed four stitches in the parietal wound, in order to close it around the drainage-tube, which was introduced into the gall-bladder at the lower portion of the incision. This tube was of soft rubber, and remained in the wound for a period of ten days, at which time it was removed and the opening was closed by granulation in a few days. The four stitches which were placed last were removed about five days in advance of the drainage-tube. The dressing consisted only of absorbent cotton, held in place by two or three adhesive strips.

The patient bore the operation well and I left in a few minutes after the dressing was applied, and did not see her for six months, at which time she was enjoying excellent health. I was informed by Dr. Mitchel, her family physician, that her temperature did not rise above 100° during the whole time of her convalescence. This case was included in my year's report of 1889, in which I re-

ported seventy-five cases of abdominal section without a death. (See *American Journal of Obstetrics and Disease of Women and Children*, Vol. 22, No. 7, 1889. Case 66.) This is one of six cases in which I have operated for stone in the gall-bladder and the results in all of the others have been as favorable as here above described.

The remaining five cases may be briefly described as follows:

Case 2. Mrs. W. W. L., 42 years old, applied to me July 4, 1888, complaining of pain in the region of the liver. She was considerably jaundiced, and anemic to a marked degree. The pain in the right hypochondriac was paroxysmal, occurring every three or four days, and continuing for ten or twelve hours. Operation July 7, 1888, and convalescence in three weeks. The calculus in this case was single and weighed 240 grains. My assistants in this case were Drs. S. F. Thomas and E. W. Clarke, of Charleston, W. Va.

Case 3. Mrs. A. M., 28 years old. Operation February 1, 1889. She complained of severe pain in the region of the liver, and was greatly reduced in flesh. Recovery was complete after operation and the patient regained her usual flesh. My assistant in this case was Dr. F. L. Harrison, of Cleveland, Ohio. The contents of the gall-bladder consisted of 240 small calculi and about eight ounces of pus.

Case 4. Mrs. H. L. R. had been in poor health for several years, but did not suffer much pain until one year previous to the operation, since which time she has had a severe gnawing pain in the region of the liver radiating up to the right shoulder, and followed by excessive vomiting and prostration. This operation was performed April 16, 1888, assisted by Dr. Hamilton, of Baltimore, Md. One interesting point in this case was the fact that the gall-bladder had become very firmly adherent to the abdominal wall, and I allowed the adhesions to remain intact after cutting through the parietal walls, and did not think it necessary to put any suture in, as in former cases. The external wound was simply brought together with three or four stitches, after inserting a drainage-tube. The contents of gall-bladder consisted of three stones weighing in the aggregate one and three-quarter ounces. One stone was quite firmly imbedded in the walls of the gall-bladder, and forcible removal of it caused considerable hemorrhage which continued for several days and was only checked by means of injections of a solution of tannic acid into the bladder.

On the third day after the operation the patient's temperature rose to 104°. This was soon brought down to 100° by the administration of two or three five-grain doses of antifebrin. The stitches were removed on the tenth day, and the drainage-tube on the fifteenth day after the operation; but the discharge continued for two months, when the wound finally closed, and the patient has gained flesh and is entirely free from pain.

Case 5. Mrs. A. N. T. suffered with cramping pains in the epigastric region, and after taking a cathartic passed three small stones by the rectum. Operation May 23, 1889, assisted by Dr. E. Porter, of Columbus, Ohio. The contents of the gall-bladder consisted of 160 small calculi, which were removed and the patient made an uninterrupted recovery.

Case 6. Mrs. J. M. R., 27 years old, had been suffering for two years with pain in the stomach and region of the liver. This pain had gradually increased until it became almost unbearable, and hence she sought relief from an operation. The temperature of the patient was 100½° for several days previous to the operation, which was performed July 4, 1889, assisted by Drs. H. D. Arnold and A. F. Piper. The stones in this case were 370 in number, quite small in size, and all crowded in the gall-bladder. After removing this, I explored the ducts very carefully from the outside; and discovered in them three good-sized calculi, which I had to crush with forceps before I could dislodge them. The sac being considerably larger than the external opening, I carefully cut away a small portion of it before stitching it to the abdominal walls, as in the other cases. The temperature did not rise above 100°, and the patient made a rapid recovery.

AGUE CURED WITH NITRATE OF POTASH.

BY J. B. JOHNSON, M. D.,
WASHINGTON, D. C.

Two weeks ago I was called to see Mr. K., a delicate man, forty-four years old, who had been suffering for the last week with the quotidian form of intermittent fever. He informed me that his chill was

so severe, and had shaken him so violently that it caused the window-sash to rattle as if in a storm. His tongue was coated, and his bowels were constipated. I commenced my treatment of his case by giving him a mercurial purge of five grains of calomel, with ten grains of blue mass, to be taken at once, and to be followed in three hours by a dose of three grains of sulphate of quinine; the latter to be continued in three-grain doses, every three hours, until thirty grains had been taken. I saw him again, the second day after my first visit, and to my disappointment found the quinine had not stopped his chills. I then decided to try the effect of nitrate of potash in his case, and prescribed the following:

℞ Potasii nitratis . . . . . ʒiij
Aquæ destillatæ . . . . . fʒiv
Syrupi simplicis . . . . . fʒij

M. Sig. Shake well and take a tablespoonful every three hours.

In two days I called to see the man and was gratified to find that the mixture had stopped his ague on the second day. Finding him somewhat anemic, I prescribed the following:

℞ Cupri arsenit (tablet triturate) . . gr. $\frac{1}{100}$
Aquæ destillatæ . . . . . fʒij

M. Sig. Shake well. Dose, a tablespoonful every three hours.

The eighth day after my first visit I found him entirely free from the ague, and directed him to have his bottle of arsenite of copper refilled and to continue its use for several days.

Reports of Clinics.

N. Y. POST-GRADUATE MEDICAL SCHOOL.

CLINIC FOR DISEASES OF CHILDREN—PROF. JOHN H. RIPLEY.

Sub-acute Rheumatism.

Dr. Ripley first presented the following case: A little girl, five years old, who began to be ill five days before, complaining of pains in the neck and headache. The next day her neck was stiff, and she said her hands and feet hurt her. That night she was restless and did not sleep well. Yesterday she grew very lame, so that she did not care to walk across the floor. She lost appetite and towards evening had fever, and her joints grew stiffer. Her mother said that in last Septemper the child had an attack similar to this, which was confined to one arm and lasted only two days. The three other children had had no such symptoms, nor was there any family history of rheumatism. The child does not live in a damp place, nor on the ground floor, and there has been no exposure. Examination showed both shoulders tender to pressure; also tenderness along the sides of the neck. The right wrist was somewhat swollen and tender. The child's chest was rachitic. The heart showed no abnormalities. The knees were not swollen, and the child said they were not painful; but the mother volunteered the information that they do pain her, because the little girl stoops peculiarly. An article was thrown upon the floor and the child was told to pick it up. She was seen to reach for it in that stiff, awkward manner which creates a suspicion of spine disease. This symptom warrants investigation.

Inspection showed that the spine was straight, excepting a very slight lateral curvature. There was no angular projection of any of the vertebræ.

Dr. Ripley asked how the presence or absence of Pott's disease might be positively determined. Such symptoms, he said, as pain on pressure, pain on movement, on the suspension of the child by the head, the deformity, etc., were not altogether diagnostic. But there was one method worth all the rest. The patient is laid on his belly, the feet are seized with one hand, and making counter-pressure with the other hand against the spinal column above the seat of the curvature the body is carefully bowed backward, thereby obliterating the curvature if the case be not one of spondylitis, or causing pain and proving the impossibility of straightening the spine if the case be true Pott's disease. Of course in many instances the diagnosis of this condition is comparatively easy, but there occur cases in which it is a difficult matter to say whether the patient has or has not disease of the spine; and it is in these doubtful cases that he has come to learn the value of the preceding test. Many years ago he was visiting the wards of a certain N. Y. hospital, in company with a prominent physician of this city, where was shown a case that had been diagnosticated as Pott's disease, and had been exhibited as such during the several months' sojourn of the little patient in the hospital.

It occurred to the doctor to apply the test above mentioned, when, to the surprise of every one, the spine was completely straightened. The incident taught a lesson to those present, and Dr. Ripley trusted that its recital would help to impress this test and its importance upon the minds of the students.

In the patient before the class the manner of stooping would also direct attention to hip-disease. The child still lying upon the face, it was noted that there was no difference in the length of the limbs; that the lines of the gluteal folds were about even; and that striking against the soles of the feet did not cause pain. In doubtful cases, where these signs are not plainly manifest, it is known that seizing the leg and bringing it into abduction will cause pain because this motion crowds the head of the femur into the acetabulum. This is a test that Dr. Ripley has always found very reliable. The present patient complains of no pain from this manœuver. The case, then, is one of sub-acute rheumatism, in large part muscular.

Dr. Ripley ordered the following treatment, expecting the child to be well in a few days:

℞ Acidi cresotinici . . . . . ʒi
Sodii bicarbonatis . . . . . ℈ii
Aquæ menthæ pipentæ . . . . . fʒiiss
M. Sig. A teaspoonful every three hours.

Congenital Syphilis.

The next patient was a colored boy, twenty-one months old, who, when undressed, showed great emaciation, flattening of the chest and large abdomen. His respiration was chiefly abdominal. The child kept up a continuous crying, and every time he was touched would shrink away and cry louder as if in pain. The mother brought him to the clinic believing he had spine disease, for she had noticed a "lump" on his spine. As the child was laid upon his face a marked prominence was noticed over the lower dorsal and lumbar vertebræ; not sufficiently angular to be characteristic of Pott's disease. But this might be due to the fact that many vertebræ were involved. Seizing the feet and bowing the spine backwards did not produce any pain, and furthermore it entirely obliterated the curvature; making it clear, as well, that no adventitious tissue caused the deformity, but that it lay in the misdirection of the spinal column. Dr. Ripley said that it might be at once concluded that the child had not Pott's disease but that the apparent curvature was due to rachitis. Further evidence of this disease was found in the shape of the chest and of the head, and in the muscular weakness and emaciation, as also in the retarded dentition (for the mother said that the child did not get his first tooth until after he was one year old). The only cause of delayed dentition is rachitis. This child had been fed on breast milk, which, as far as could be learned, had been plenty and of good quality. The child had also of late been taking other foods which he had eaten with good appetite and had apparently digested. It was possible, therefore, to exclude unsuitable feeding as the cause of the rachitis, and attention would naturally be directed to the next most prominent cause of this disease, namely, syphilis.

The evidences of syphilis in a child of this age would be, first and foremost, glandular enlargements. There might also be a history of snuffles, skin eruption, mucous patches, notched teeth, etc. In this patient both epitrochlear glands were found to be as large as peas; the post-cervical and inguinal glands were also enlarged, and on the body and thighs were the stains of an old eruption. These signs are sufficiently characteristic to make a positive diagnosis of congenital syphilis.

The treatment recommended was: Hydrarg. chloridi mitis grain $\frac{1}{20}$, three times a day, at first; and later cod-liver oil; with perhaps a change in the administration of the mercury to inunction if there was no improvement under its administration by the mouth. Fresh air was a very necessary hygienic resource in these cases.

FOREIGN CORRESPONDENCE.

LETTER FROM INDIA.

Medical Practice in Bombay.—Private Dispensaries.—Charges for Consultations.—Consultations.—Crowding in the Profession.

Having finished his studies, a medical graduate of Bombay University opens a dispensary. The very idea of a medical man opening, keeping, and conducting a dispensary is repulsive to every sentiment of medical dignity and ethics. This is the ever-stand-

ing reproach to the medical profession in Bombay. How, and by whose ill-advice the medical graduates first began to keep dispensaries with them, is hard to conceive; but that it is a medical degradation is not at all to be denied. Nowhere in America we find a practitioner conducting his own dispensary.' Now, as for the condition of such dispensaries: they are kept in the veranda of the house. They are ill-lighted, and as a consequence, they are gloomy and repulsive. Generally directly behind them are the privies. Every now and then they are kept in mere dark snugs, so small that two men cannot freely pass abreast. As a rule these dispensaries are very dirty and disorderly. The practitioners have no idea of neat and orderly arrangements of bottles and other appliances of a dispensary. Stranger to the idea that he should not keep a dispensary, he is yet a greater stranger to that of arranging his dispensary in a neat and elegant style. One would see in these dispensaries some two or three cupboards with lot of dirt and dust, and some dirty, filthy medical bottles in them, scattered here and there without any aim or end in view. There are one or two school-benches for patients to sit on, but without any back for them to lean on. On one side there is an ordinary sideboard, where the compounder of the practitioner fills up the bottle according to the prescription written in the dispensary by the practitioner. These compounders are ignorant of English, or the only English that they know is to read the names of medicines in the prescription, and on the bottle labels. The table on which they dispense medicine is soiled by spattering of water, droppings of medicines, and making up of ointments.

The dispensaries are utter strangers to neatness and cleanliness. Everywhere disorder and filth reign supreme. Towards evening, these dispensaries are the seats of gossiping for loungers in the shape of friends or patients of the practitioners. In the morning when there are some patients gathered together, the practitioners prescribe, and charge nothing for the advice to, or examination of patients; but they are satisfied with the collection of twelve cents for three ounces of mixture to patients. Their visiting fee is seventy cents; they are never bold enough to undertake any surgical operation, or risky obstetric duty. Such cases they refer to hospitals, if the patient is poor, or call out the military professors of the college to conduct the case if the patient is rich enough to pay; thus losing excellent opportunities of becoming experts in some select specialities, and so remaining mere prescribers all their life long. Even in their consultation, they would never call out their senior medical brethren but the military surgeons of the hospitals; so jealous are they of one another. During their leisure hours, they would never think of writing articles either in the vernacular or English on medical, surgical, or on any other branch in which they feel themselves strong and sure. They never aspire to acquire name and fame in this way. They have no stock of well-selected medical authors, that may be called their library. They do not seriously study out one or the other of so many branches from the fertile field of medicine.

There are in Bombay no medical associations, or those that exist are not much to speak about. The profession is entirely over-crowded. On Chundunwady main road you may see medical signs at an average of perhaps every ten houses. On account of such a large number of practitioners, and but a limited intelligent public to patronize them, the competition was at first very keen; then it got over keen, and now it is degrading, when instances are fast multiplying of practitioners paying three and four visits charging a fee for the first one only. This is specially the case with beginners, as they want to set up in direct competition with those already established, and to draw away as many patients from others as they can.

Many young practitioners of Bombay are full of conceit and vanity. They think they know everything, and that others do not know anything. They belittle their senior medical brethren and would not take them in consultation; but they would think too much of their late military professors, howsoever young and inexperienced these latter may be. No doubt some of the practitioners are in a very well-off position; but they are the oldest of the graduates, both of the College and of the University, and they are very few and far between. The bulk of them are yet in a precarious state; some, perchance may yet rise to eminence, the others may remain behind just where they are now.

The status of the profession is not so gloriously high in Bombay as it is in Europe and America. To elevate its status is to elevate that of its members, and the only means consists in their adopting a proper code of medical ethics and acting up to its very

letter and spirit by each and every practitioner of Bombay.

D. D. Bode, M. D., D. D. S.

PERISCOPE.

Classification and Treatment of Tumors of the Bladder.

In his recent address before the International Medical Congress, at Berlin, Sir Henry Thompson gave the following classification and description of tumors of the bladder.

1. The mucous polypus—which is not to be confounded with prostatic outgrowths of similar form, these being inadmissible in any scheme comprising vesical tumors—resembles polypi of the nasal cavity, but is more compact and solid in structure. Hitherto, this product has been found in young children only.

2. Papilloma. The papillomatous growths appear in two forms, the essential character being that the structure of the characteristic portion always resembles that of the natural papillæ occurring in certain parts of the digestive canal. The constituent element consists of a prominent fold of simple membrane, supported by connective tissue containing a large arterial twig as a central axis, while the outer surface of the membrane is closely covered by a layer of cylindrical epithelium, or, much less commonly, by the ovate or spherical variety. Formerly these growths were called "villous," to which it was usual to add the term "cancer," although the implied allegation was entirely unwarranted by evidence. When these prolongations are very long, slender, and floating in the bladder, the papillomatous growth is termed "fimbriated." When a considerable portion of fibrous tissue is present, rendering the growth more solid, the designation "fibro-papilloma" is more appropriate. These growths form very slowly at first, but when developed give rise to repeated attacks of hemorrhage, which in time become continuous and copious, thus terminating life. They are the most commonly met with of all vesical growths, and their symptoms have been often mistaken for those of renal disease. Microscopic examination of the urine will sooner or later (especially if the bladder is washed out with water and the débris scrutinized) detect specimens of the growth, which are quite characteristic, and absolutely decisive that the growth is present. Moreover, on careful inquiry, it may be ascertained that the bleeding is found occasionally, sometimes frequently, to appear in a manner which can rarely or never be met with in renal hemorrhages. The patient commences an act of micturition with clear or almost bloodless urine, and at the end of the act bright florid blood is mixed with the stream, or appears alone at the close. This fact determined, the bleeding is without doubt vesical, and if for a considerable period of time there is still but little pain experienced, and the act of micturition is as a rule not very frequent, the bleeding is certainly not due to a sarcomatous or carcinomatous growth, and is therefore very probably significant of papilloma.

Sir Henry said that he knew no styptics which appeared to control the hemorrhage from this source, although he had seen all the known remedies abundantly tried. Treatment by local injections is apt to provoke rather than check the flow of blood.

3. The simple myomatous tumors are not very uncommon; they are not accompanied by any characteristic signs of their presence, but have sometimes papillomatous growth on their surface. Nothing further remains to be said here in relation to diagnosis, except that their progress is slow and the characters of malignant growth are absent.

4. Tumors made up of fibrous tissue chiefly, more or less associated with small nuclei interspersed. Sometimes these are in large quantity, a fact which leads to a graver estimate of their character, as indicating that they probably possess a tendency to return after removal. Both these and the preceding kind involve the deep structures of the bladder, and cannot be entirely separated by any operative procedure; while, on the other hand, many examples of papilloma, especially when growing from a pedicle, may be completely removed, and often do not return.

5. Epithelioma, the nature and character of which in the bladder are those of this growth in all other parts of the body.

6. Scirrhus, or "cancer" properly so called, not occurring until after the middle term of life has been reached, is occasionally met with in the bladder.

7. The round and spindle-celled sarcomata, formerly known as "encephaloid," are sometimes met with in children, but affect not infrequently the adult also.

There are three cases of these sarcomata in the series.

The diagnosis of malignant disease of the bladder is not difficult. Examination of the rectum furnishes valuable information. Scirrhous growth is very hard, irregular in form, and is thus unlike ordinary senile prostatic enlargement, that is, the so-called "hypertrophy" occurring in elderly men. The sarcomata are full and rounded in form, more elastic to the touch than "senile enlargement," and far more rapid in their rate of increase in size. Epithelioma, slow and restricted in growth, may exist several years before presenting a tumor sufficiently dense to be recognized by palpation or by sounding. In malignant disease pain is a more or less constant symptom, and some hemorrhage is liable to appear, increasing at a later date; it is thus distinguished from papilloma, which is rarely recognizable by the rectum, or even by the sound, manifests its presence first by hemorrhage, often at an early date, and is rarely painful until quite the later stage of its history. In all the three forms of recurring or malignant growths, microscopic observation may corroborate a diagnosis based on the signs and symptoms mentioned, but cannot by itself establish one.

In regard to treatment Sir Henry said: In all cases in which we can ascertain the presence of malignant disease—carcinoma, sarcoma, epithelioma—I am strongly of opinion that it is useless to attempt to remove the growth, and that such interference is liable to aggravate the sufferings of the patient rather than otherwise, and perhaps hasten his end.

Setting these cases aside, I am not less strongly of opinion that it must almost invariably be our duty to recommend an operation for removal, not only when the disease is obviously not malignant, but when there is any reasonable doubt on the subject, which will in the course of the operation be cleared up, and the procedure can then be limited or not, according to the judgment of the surgeon.

In relation to cases in which doubt may arise it must not be forgotten that papillomatous growth may be present as a secondary growth upon another form of tumor in the bladder, so that its presence among the débris examined does not demonstrate the presence of a simple uncomplicated papilloma. No doubt in a large majority of cases the simple growth alone is present, but the exceptional condition is not very rare. It is on this account that I often practice and advise a small perineal incision to be made in the median line, opening the urethra in the membranous portion, so that the surgeon may introduce his index finger into the neck of the bladder. This proceeding I have recommended and much practiced during the last ten years in obscure cases, under the title of "Digital Exploration of the Bladder." When the patient is under the influence of an anæsthetic firm suprapubic pressure enables the operator in all ordinary cases to determine with his finger the size and nature of the tumor. If it be a simple pedunculated growth, as papilloma often is, the introduction of an appropriate forceps will mostly suffice at once to remove it. If, on the contrary, it is found to be large, occupying a wide base, or is otherwise evidently unfitted for treatment by the simple proceeding referred to, the suprapubic operation can be at once performed in the usual way. This I have frequently done, and have never found that the preliminary incision described interferes in any way with the subsequent operation, which is conducted precisely as if no such "exploration" had taken place. When a large prostatic or other tumor is encountered in the rectum it is possible that the finger may not reach the bladder, and so may be incapable of exploring the cavity, but in these circumstances the "digital examination" is wholly unnecessary, the condition in question demonstrating that the case is not one of simple removable tumor, but is probably an example of malignant growth. But it may be said that the diagnosis of a vesical tumor may be readily established by means of the Leiter endoscope. I long ago tested its value, having employed not only the earlier but the latest and most improved form of that instrument. Let me say first that the employment of it in the cavity of the bladder involves much irritation in some cases, far more than that which follows the use of the sound. Secondly, that in presence of a tumor which the slightest mechanical contact causes to bleed, the observation is mostly an imperfect one. Thirdly, that the instrument is rarely necessary to determine the fact of the tumor's presence, that being ascertainable in nine cases out of ten by the ordinary methods already alluded to. Lastly, it is assumed to furnish the means of ensuring a view of the growth which shall enable the operator to determine whether it

is peduncular and easily removable, or the reverse. In regard to this important matter, I admit that the object may be attained, but in the majority of cases I am certain it cannot be thus decided, as when the tumor is not seen in profile and when the bleeding occasioned permits only an imperfect view, a far more accurate idea can be obtained by "digital exploration," which never produces the severe cystitis, becoming chronic and confirmed, which unhappily too often follows prolonged manipulation with a rigid cystoscope in the diseased bladder of an elderly patient. I have performed "digital exploration" upwards of a hundred times and have never met with any serious, far less fatal, issue to that simple operation.

Finally, supposing that by any process whatever the presence of a manifestly carcinomatuos or sarcomatous growth has been discovered I can say nothing, as already indicated, in favor of operative measures for its removal. It is always possible to extirpate the growth, which largely involves the walls of the organ itself, and rapidly reappears after the attempt has been made, although large masses may have been taken away and an apparently almost empty cavity has been left as the result of the procedure.

The palliative treatment for all patients thus affected consists in the avoidance of habits, occupations, and any amount of exercise found by the experience of each individual case to produce serious increase of hemorrhage; the maintenance of the digestive power and healthy activity of the functions which support life is as far as possible to be ensured; and lastly, the adoption of all means, especially towards the closing stage of a case which is certainly destined to be fatal, in order to alleviate suffering which is usually severe and prolonged unless dealt with unflinchingly, as it ought to be in such painful circumstances. The ample use of morphine, usually most effective by subcutaneous injection, should be adopted, so that although unable in any way to check the progress of the malady we may at least mitigate the most terrible accompaniment of its distressing and inevitable course.

Substitute for Milk for Infants.

In the *Buffalo Medical and Surgical Journal*, September, 1890, Dr. Delancey Rochester describes an attempt made, early in March, 1890, to wean a girl baby six months old, because its mother's milk was insufficient. The baby objected to the bottle, and could not be induced to take food by spoon. The foods tried were sterilized milk (Meigs's mixture), malted milk and Carnrick's food. So determined was the objection on the part of the baby to artificial feeding, that she cried and fretted so much at each feeding time as to cause a considerable rise of temperature and vomiting of everything except breast milk. Her temperature ran as high as 104° F. in the groin. The stools were not very frequent nor very bad in character. After all attempts at artificial feeding had proved worse than useless, a wet-nurse was procured and the baby again flourished. After the fever had subsided and the vomiting had ceased, the baby broke out in an eruption that was as similar to the measles eruption as could be imagined. The eruption did not irritate her, and it disappeared in a few days.

About June 1 the wet-nurse's milk began to give out, and partial artificial feeding was begun, Meigs's milk and cream mixture, sterilized, being the food employed. On this the baby did well. The wet-nurse's milk having given out entirely by the end of a week, the sterilized milk was used alone. For two weeks the baby gained in every way—weight, firmness of flesh, quiet sleep and happy waking hours. Then the stools began to show curds; but as in every other respect the baby was doing well, nothing was done for this. The last day of June and first of July were excessively hot days, and the baby wilted completely—feverish, restless, fretting and finally vomiting. Stools remaining as they had been for about a week previous, of good color, but containing curds. By the advice of Dr. Hopkins she was given sodium bromide to quiet her restlessness, and cool baths to reduce her fever. Nevertheless, she vomited every time that milk was given to her. Finally, she was given toast water and white of egg for twelve hours, with no vomiting. At the end of that time a little malted milk was tried, but she retained it not more than five minutes, when she vomited profusely.

Dr. Rochester then began to think what he could give temporarily as a food, until the hyperemia of the stomach should subside and the baby could again take milk in some form. White of egg and toast water given cold he knew she could take, so he thought he would look up the exact composition of egg, and see whether by some addition he could not make a food that would

supply all the necessaries for life and growth. In Routh's *Infant Feeding* and Landois' *Physiology* he found analyses of egg—white and yolk—that substantially agreed. The percentage composition of yolk of egg as given by Landois is:

Water	51.5
Proteids	15.0
Fats, etc.	30.0
Mineral matter	1.4
Pigment extraction	2.1

A glance at this will show that the albuminoids and fats bear about the same relation to each other that they do in human milk. The problem then before us is to dilute the yolk of egg sufficiently with water to make the actual proportions the same as in milk. To do this, of course it was necessary to obtain the weight of a yolk of egg. Dr. Rochester weighed several, and found that each weighed about one ounce—some a little less. Calculating, then, on the total weight of the yolk as one ounce, and remembering that it contained 51.5 per cent. water, to reduce the fifteen parts albuminoids to two parts, it was necessary to add seven ounces of water to the one yolk of egg. The amount of sugar in yolk of egg is very slight, being included in the "etc." added to fats in the above analysis. So, to bring the sugar up to the required amount, it was necessary to add sugar of milk. As there is normally seven per cent. sugar in human milk, this would mean in eight ounces a little over half an ounce. This would make a mixture by weight consisting of:

Yolk of egg	1 oz.
Water	7 oz.
Sugar of milk	½ oz.

For the convenience of the household, Dr. Rochester always makes these proportions by volume, so he measured the half-ounce of sugar of milk and found that it filled six teaspoons in an ordinary medicine glass, so the following formula was prepared:

℞	Take yolk of egg	one
	Sugar of milk	6 teaspoonfuls
	Filtered water	7 ounces

Dissolve the sugar of milk in the water and add gradually to the yolk of egg, stirring constantly.

This was fed perfectly cold, in small quantities at a time, for twelve hours, gradually increasing the amount and lengthening the intervals, until finally the full amount was given four times in the twenty-four hours. He once tried warming it slightly—not enough to coagulate the albumin—but the baby objected to it warm, so that was not tried again.

The baby retained this food from the first. After he began with it, it was no longer necessary to give the sodium bromide; but the baths were kept up, three or four being given daily. She was dressed very lightly and made as cool as possible. Luckily the weather also changed and we had three or four cool days. For sixty hours she lived on the egg food alone. During this time the fever left her entirely, and she again broke out in a copious rash, as much like measles as the previous one. At the end of the sixty hours, as she began to show dislike for the egg food, Dr. Rochester tried again the malted milk. The baby now retained it and seemed very fond of it. So it was gradually substituted for the egg food.

The advantages of this egg food are that it contains all the necessary ingredients for life and growth in the proportions in which they exist in human milk, although in somewhat different form; that it must be given cold, and that it is slightly laxative. It is an advantage that it must be given cold. This has a beneficial action in overcoming the hyperemia of the stomach, and prevents further inflammatory developments. It is an advantage that it is slightly laxative, for it thus aids in the discharge of any milk curds that might be in the bowel ready to set up irritative action. This is really a great advantage, for in the congested state of the stomach this baby was unable to retain any laxative medicine, even calomel in small doses being rejected.

Suprapubic Lithotomy.

At a meeting of the New York Surgical Society, April 23, 1890, Dr. A. J. McCosh presented a patient from whose bladder he had removed nine calculi weighing in all four hundred and sixty grains. The wound in the bladder had been about an inch in length and through this the stones had been removed. This opening had then been sewed up, except a slit left for a drainage-tube. A perineal opening was then made, and after some difficulty, on account of an enlarged prostate, a tube was introduced into the bladder for perineal drainage. Some trouble had been caused by occlusion of this latter tube by mucus during the first

few days, and during this time the urine had come entirely through the suprapubic opening. A large perineal tube was introduced and perfect drainage thereby established. Thirteen days after the operation the suprapubic wound had closed. The perineal wound was now almost healed, and most of the urine now came through the penis. The speaker had reported the case to emphasize his appreciation of the advantages of the perineal opening. It had been very noticeable that whenever the drainage through the perineal opening was insufficient and the urine was forced to find outlet through the suprapubic incision, the patient's general condition had changed for the worse. His temperature went up a degree or more, his pulse increased in frequency, and his appetite failed. When the perineal drainage was re-established, the man became himself again. The speaker was much impressed with the result, and in operating upon other old patients, this one being seventy-two years of age, he should certainly make the perineal opening, while in younger ones he would also favor this opening and the suturing of the bladder wound as recently advocated before the society by Dr. McBurney.—*New York Medical Journal*, August 30, 1890.

Conception with Unruptured Hymen.

Dr. W. Macfie Campbell, of Liverpool, read before the Edinburgh Obstetrical Society, April 9, 1890, a paper published in the *Edinburgh Medical and Surgical Journal*, September, 1890, in which he describes the case of a young lady who was brought to him by a relative of the young man to whom she was engaged, as she had not felt well lately. Something about her appearance caught Dr. Campbell's attention as she entered the room, and he made inquiry as to her menstruation as soon as possible. She had not been unwell for three months, but that had occurred before. She was listless, tired, breathless, and did not know what she felt. She said she was always plump, and did not think her bust or figure increased. Examination of the mammæ revealed dark areolæ, distended cutaneous veins, and a milky fluid was easily expressed from her nipples. By the stethoscope the fetal heart was readily detected. Dr. Campbell thought it prudent to ask the relative to step into another room, and then told his patient that she was pregnant. He had frequently had to make such an announcement, but had never seen it received with such amazement and incredulity. "Utterly impossible," the patient said, but still with something in the expression which meant that there was a possibility. Still insisting, she told Dr. Campbell that opportunity having twice offered, her fiancé had got into her bed, and had had imperfect intercourse with her. No penetration nor attempt at penetration had been made. This was afterwards corroborated by the young man. On examination, the blue appearance of the vulvar mucous membrane was well marked, and the hymen was perfect, but admitted the forefinger without causing much pain. The young man was so positive, that Dr. Campbell saw he feared some other paternity. He was however assured that the young woman was *virgo intacta*. The parties were married soon after, and it was not until six weeks after that that penetration was effected, with a sensation of rupture.

Some years ago Dr. Campbell had two confinement cases within a few days, in which both husbands told him they could not understand their wives' pregnancy, as intercourse had never been perfect. In one case he had to divide the distended hymen bilaterally to allow the head to emerge; in the other there was no great difficulty in dilatation. Dr. Gooch relates a case of a lady privately married, in whom he diagnosticated pregnancy, and was met by the statement of impossibility. Her husband had avoided injury to the hymen, and both considered pregnancy impossible. The event, however, proved Dr. Gooch to be right. Dr. Braun, of Vienna, gives three instances of the same. In the first case coition had taken place in a dilated urethra, and Dr. Braun supposed ejaculation had taken place prematurely. Delivery took place without injury to the vagina, the hymen rupturing at the last moment. In the second case, a girl of sixteen years confessed to one imperfect attempt at intercourse. The orifice in the hymen only admitted a goose quill. The third case was exactly similar in age and history. Dr. Braun draws the conclusions that an unruptured hymen is no proof of virginity; that an individual may exist as a virgin in the anatomical, though not in the gynecological sense; and that pregnancy is possible without penetration. Surgeon-General Francis relates the case of an officer's wife, in whom pregnancy was de-

clared impossible by husband and wife, the reason being a tense hymen, which had resisted penetration, and which only gave way after a long delay in delivery.

These cases are of great interest, as throwing doubt upon the theories of uterine activity in the act of impregnation, and of exact apposition of the orifices of the urethra and cervix as being necessary; and rather point to the entrance of the semen into the uterus, and further, as being due to inherent forces, or ciliary action of the vaginal mucous membrane.

Experiments with Orexin.

Since the publication in the REPORTER, August 16, 1890, of a brief note upon orexin, there has appeared, in the *Münchener Med. Wochenschrift*, August 19, 1890, an article by A. Beckh, describing a series of experiments with muriate of orexin. The experiments were conducted in the medical ward of the city hospital of Nuremberg, and were begun soon after those of Penzoldt. Orexin was administered to twenty-two patients who suffered with loss of appetite from various causes. A good effect was produced in seventeen cases; in one case the result was doubtful, because it was difficult to decide whether the patient's loss of appetite had been simulated or not; and in four cases the remedy failed completely. It was given to patients with anemia, chlorosis, and tuberculosis, and to some with anorexia produced by different acute and chronic diseases. In two cases of chronic disease of the stomach it was given with very good results.

At first orexin was administered in gelatin-coated pills, and later in capsules—which is the preferable way. Beckh began with doses of four or five grains a day, which were increased, as required, by the third day to seven and a half grains. A larger dose than this was not given, and a large glass of meat broth or milk, or a plate of soup, was always taken by the patient in addition. In a few cases disagreeable effects, such as burning in the stomach, and vomiting, were noticed.

Beckh concludes that orexin is worthy of further experimentation as a stomachic, and that it is to be recommended in anemia and tuberculosis. It may also be employed with caution in chronic diseases of the stomach, but not when there exists anatomical change in the mucous membrane; as the drug is a strong irritant. For the latter reason also it must be given with a certain quantity of fluid, preferably meat broth or soup.

Death from Nitrous Oxide.

A death from nitrous oxide is reported from Montreal. A man, aged twenty-four, went to the office of a dentist to have a tooth extracted, and requested to have the gas administered. After assuring himself that the patient was not suffering from heart or lung disease, the dentist administered the gas. No sooner had the tooth been extracted than the patient gave a gasp and fell over in the chair. He was placed upon the floor and artificial respiration performed, but without restoring animation. The patient was not under the influence of liquor, and five hours had elapsed since last taking food (breakfast). The purity of the nitrous oxide was tested shortly after the accident by the president of the dental association, Dr. Beers, who himself inhaled it from the same inhaler. The verdict of the jury was that the man died from syncope, caused by the administration of the gas, and they exonerated the dentist from blame.—*Druggists' Circular*, September, 1890.

Women Physicians in India.

From a parliamentary paper which has just been issued, we gather that a considerable number of native women have taken up the study of medicine in India. At the close of the session 1888–9 there were twenty-four female students at the Calcutta Medical College, fourteen at the Campbell Medical School, and five at the Cuttack Medical School. At Agra, during the year, seven young women received licenses to practice. At Lahore there were nineteen, and at Madras thirty-nine female medical students, one of the latter being the first to take the degree of M. B. at the Madras University. There were also female students at the Grant Medical College of Bombay, and at the Government Medical Schools at Poonah, Ahmedabad and Hyderabad. The movement initiated, or at all events patronized, by Lady Dufferin is thus giving good fruit, and as the objections entertained by many over here to the practice of medicine by females do not apply in India, with its peculiar social conditions, this result must be a matter for congratulation.—*Medical Press*, September 3, 1890.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

PHYSIOLOGICAL ACTION AND USES OF COCAINE.

The physiological action of cocaine will be understood most easily by contrast with that of curare. The latter is well known as the type of peripheral motor-nerve paralyzers; cocaine, on the contrary, exerts its action upon the peripheral sensory nerves. They resemble each other, according to Dastre, involving only the terminations of the nerves; the nerve trunks preserve their excitability, and may even have it exaggerated. Again, while curare paralyzes the vaso-constrictor nerves within the blood-vessels, cocaine, on the contrary, excites them.

Cocaine in small doses appears to act as a general stimulant, producing a feeling of exhilaration, with an increased flow of speech, wakefulness, and a more rapid development of ideas, without, however, increased capacity for brain work. In this respect cocaine resembles morphine by contrast with caffeine. The heart and respiration are accelerated. In larger doses it causes slight dimness of vision, a feeling of tension and constriction of the forehead, with perhaps slight headache, dizziness, and great restlessness. The latter symptom is due to hyper-excitability of the muscles, and is explained by the condition of the nerve-trunks. In still larger doses, the effect of cocaine in constricting the blood-vessels is evidenced by coldness of the extremities. The rise in blood-pressure which occurs is due in part to this and in part to acceleration of the heart's action.

Respiration is accelerated by cocaine, while under poisonous doses it becomes embarrassed and shallow, and stops before the heart. The pupil is dilated through stimulation of the sympathetic system. General analgesia develops only late and under poisonous doses; so that it is of no clinical importance.

Toxic doses of cocaine produce in some cases death preceded by collapse, cyanosis and convulsions, the respiration especially being affected. In some cases the patient becomes very restless and loquacious, the speech is thick, and the sentences unfinished, the mouth and throat dry, the patient is giddy, and staggers on attempting to walk, and is covered with a cold, clammy sweat. In some cases collapse and unconsciousness have developed speedily, and have been succeeded by active delirium. Autopsies in fatal cases have demonstrated the presence of cerebral and visceral congestions, especially of the kidney.

Prolonged use of cocaine has resulted in chronic poisoning, and in the production of the "cocaine habit." The former is said to be characterized by great excitement, hallucinations chiefly of sight and hearing, and great weakness of the lower limbs, almost amounting to paresis.

Cocaine is used in medicine and surgery

principally as a local anæsthetic. The limits of its applicability have not yet been determined. It is most serviceable, however, when applied to the more delicate mucous membranes, such as those of the eye, nose, urethra and vagina, where the peripheral sensory nerves are close to the surface and from which absorption is rapid.

Space will not permit a detailed mention of all the cases in which cocaine can be used; in general it may be said to be wherever the irritated nerves can be reached, whether exposed in a hollow tooth or bared by cancerous ulceration, as in the breast. Hypodermically it has been used, with more or less success, in the extraction of teeth, the opening of buboes, the excision of small tumors, to prevent the pain caused by iodine when thrown into the tunica vaginalis for the cure of hydrocele, and in various other minor surgical operations. It forms a useful addition to soothing ointments, such as those for acute eczema or for pruritus.

Its property of contracting blood-vessels and drying mucous membranes makes it especially serviceable in acute coryza. It is most effective in the congestive (first) stage, but even when there is a profuse watery or mucous discharge, it gives more relief than any other remedy. A watery solution should be used, and eight or ten drops of a four or five per cent. solution may be snuffed up each nostril as often as the necessities of the case demand.

Internally, cocaine has been employed to check vomiting, and in some cases with great success. Gastralgia has also been relieved by it.

In what has just been said, an effort has been made to point out the most important physiological actions of cocaine, and to suggest the classes of cases in which it is likely to prove useful, rather than to enumerate the separate affections in which it may be used. Whenever it is used, it should not be forgotten that cocaine is as much a poison as morphine or strychnine, and that, being more uncertain in its effects, it should be watched with more care. It would seem to be most dangerous to nervous patients with weak hearts.

ATROPIA FOR NOCTURNAL INCONTINENCE.

To get at the truth is better than to have false hopes; and it is with great satisfaction that we call attention to a paper by Dr. R. Bruce James in the *Archives of Pediatrics*, September, 1890, which seems to definitely decide a very important question in therapeutics. As the readers of the REPORTER know, Dr. Simon Baruch, in December, 1888, read a paper before the New York Academy of Medicine in which he discussed nocturnal enuresis in children and its treatment, bringing to the notice of the medical profession the great value of the alkaloid atropine in this affection, as evidenced by results obtained in quite a number of cases in which he had used it. But he added that since his cases had not been very long under observation he could not predict the ultimate result to be obtained.

Dr. William Perry Watson, of Jersey City, read before the American Medical Association, at its last meeting, a paper in which he reported in detail thirty unselected cases of enuresis, all cured or greatly benefited by this drug. Prompted or encouraged by such glowing accounts of the virtue of this drug, many of the profession resorted to its use with great confidence and expectation. But a long and faithful trial of it has scored another failure in our search for specifics. For some have found that the number of cases of enuresis cured by atropia, during its administration, is great, but the number remaining cured when the drugged is stopped is small indeed. Dr. James, while resident physician in an Orphan Asylum in New York, had under his charge many cases of enuresis that had resisted belladonna, strychnine and the other lauded remedies. After hearing Dr. Baruch's paper, he determined to give atropia a trial. Fifteen of the worst cases, among the smaller

children, from three and one-half to nine years old, in which no cause for the trouble could be made out, were selected. Some of them wet themselves alternate nights only, others every night, while a few suffered from diurnal as well as nocturnal enuresis.

The plan of treatment was to make a solution of atrophia sulphate, of which one teaspoonful represented one-hundredth grain of the drug. Of this solution, for the first night, each child had one teaspoonful at 6 and another at 9 P. M., and this being increased by one teaspoonful every night until a controlling dose was reached for each case. None of them were benefited by less than four-hundredths of a grain at night—*i. e.*, two-hundredths of a grain at 6 and two-hundredths of a grain at 9 P. M.—while others required as much as eight-hundredths of a grain, divided as above; one child was given as much as one-tenth of a grain at night without showing symptoms of poisoning.

Nothing short of the quantity that produced full physiological effects was of any avail. This point was insisted upon by Dr. Baruch in the paper referred to. After the controlling dose was ascertained for each case, it was repeated every night for about one month, when the drug was withheld altogether. It was found that many of the cases were completely relieved, while others were not benefited. The latter were immediately put on their controlling dose and an attempt made to diminish it, but without much success in this, though in no case was it found necessary to increase the original controlling dose, except in one case. Of the cases completely relieved, the enuresis returned in all, with one exception, in periods ranging from one to six weeks. The child that was cured was a healthy boy, but slightly affected. These children were put on their controlling doses as they relapsed, and an attempt was made to taper off with them also; and in some cases a considerable reduction of dose was effected. The cases were kept under close observation for eight months, during which time many of them would go without the drug, or on reduced doses, from one to four weeks without wetting themselves. But sooner or later the relapse would occur, and at the end of the eight months they were but little better than when we started treatment.

It can be seen how any one, who has not kept a long watch over his patients, could readily arrive at the conclusion that permanent relief had been obtained in most of these cases, especially if he depended on the matron or person in charge of his cases for his information; for after such complete relief afforded by the treatment she is slow to acknowledge a relapse, and it is only after the closest scrutiny and questioning that you can arrive at the actual state of affairs. Such, at least, has been Dr. James's experience; for not a few of the cases he reports here were marked cured in his notes, after questioning the matron carefully; but, visiting the wards himself early in the morning, he found that such was not the case. No doubt this element in human nature is largely responsible for erroneous conclusions arrived at and published by those who rely too implicitly on the information gained from attendants.

In only one case did any symptom of poisoning occur, and in this not sufficient to warrant a suspension of the remedy or even a diminution of the dose. Under the long-continued use of the drug, though in such large doses, there was observed no bad effects from it, but, on the contrary, the children, being relieved from the stigma of being bed-wetters, were brighter and less constrained than when the drug was left off, with the consequent return of the enuresis. Some of the children, though under the age of five years, were so ashamed of their affliction that, on finding they had wet their beds at night, they would exchange their wet sheets for dry ones from the cots of their slumbering neighbors, thus shifting the coming lecture to innocent shoulders: so great was the effect of the so-called moral treatment.

Every case was absolutely controlled so long as the treatment was kept up, except one case, in which it lost its effects after some months of complete relief, and this from some unknown cause which was never overcome, though the drug was pushed to a dangerous point. It is a matter of no little regret that, after such a promising beginning, the final result shows such a little gain. On October 1, after eight months of treatment, of the fifteen cases, two cases were cured, and these mild cases. Two others were benefited, in that they did not wet their beds so often. One it ceased to benefit, while ten showed little or no improvement when the drug was stopped.

In conclusion, Dr. James says that since the long-continued use of atropia has no ill effect, no tolerance is established that requires an increased dose, and since undoubtedly the vast majority of these cases can be controlled by the drug, atropia is for these children and for their mothers a valuable friend. When a child is too large to wear diapers, or they cease to be effectual, we can with confidence offer a substitute in the shape of a full dose of atropia, to be repeated every night till the child has outgrown his infirmity; and this point can be tested by having the drug withheld from time to time. Dr. James put many other cases of enuresis on atropia, and it controlled the trouble in every child under twelve years of age. Thirteen months after the treatment was begun, these children were about as they were six months before, still receiving nightly doses of atropia, and improved only as might be expected with their advance in years. As to those over twelve years old who received this treatment—which were quite a number—they did badly. Dr. James cannot recall a case that was benefited in the least.

We may regret that careful observation should dispel the illusions created by somewhat premature conclusions, but it is of the greatest importance that we should not be deceived as to the value of any method of treatment. The one discussed above has great value if rightly understood, but it is evidently not the panacea which some have thought it.

THEINE IN THE TREATMENT OF NEURALGIA.

Every now and then cases of neuralgia are reported which have been treated successfully by the hypodermic injection of theine. The local anæsthetic action of this alkaloid was, we believe, first brought to the attention of the profession by Dr. Thomas J. Mays, about four years ago, who, from his experimental and clinical investigation, concluded that its physiological action is not identical with that of caffeine, and that its analgesic action is more prompt and more permanent in neuralgia than that of morphine or of any of the other agents in common use for the purpose of deadening pain.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Edited by CHARLES E. SAJOUS, M. D., and seventy associated Editors. Illustrated with Chromo-lithographs, Engravings and Maps. Five volumes, octavo. Philadelphia: F. A. Davis, 1890.

The early promise of this admirable publication has been so well fulfilled that the *Annual* is worthy of comparison with the best works of a like character in France and Germany. How much this implies will be understood by those who are familiar with the latter. When the *Annual* was first projected it seemed hardly possible that it could so soon reach its present position. But the enterprise of the publisher and the tact and skill of the editor have brought it about. As it stands to-day, the *Annual* is a work of very great value and one which every intelligent physician might well have and consult.

MEDICAL DIAGNOSIS, WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE. A Guide to the Knowledge and Discrimination of Diseases. BY J. M. DA COSTA, M. D., LL. D., Professor of Practice of Medicine and of Clinical Medicine at the Jefferson Medical College, Philadelphia, etc. Illustrated with engravings on wood. Seventh Edition, revised. 8vo, pp. 995. Philadelphia: J. B. Lippincott Company, 1890. Price, $6.00.

Da Costa's *Medical Diagnosis* occupies a unique place in medical literature. From the time the first edition was published, in 1864, to the present time it

has been the most widely known and most highly esteemed work on the subject. It is one of the first to be taken up by the intelligent student and one of the last to be laid down, and then, perhaps, only when he ceases to handle books of any kind. So great is the esteem in which it is held by some, that it almost amounts to affectionate reverence. The explanation of this high regard is to be found in its manifold excellences. It is the most comprehensive treatise on diagnosis extant, yet its delineations of disease are never tedious and prolix. Other books there are which give as truthful accounts of the symptoms of disease and their significance, and in individual cases, perhaps, with greater precision and in more detail; but no author in this department of medicine has so far succeeded in preserving throughout his work such a nice balance between the essential characteristics of disease and the unessential details, and so giving to the reader a complete but concise description. Moreover, the style of the author is pictorial and captivating; each disease as described seems to stand out from the general background of diseases with clear-cut, distinct features; the picture is vivid but not exaggerated in its coloring.

The classification adopted by the author is almost purely clinical, the diseases being grouped according to their marked symptoms. This classification possesses decided advantages, especially for students, who learn first the course and symptoms of disease, and later their pathology. It has this drawback, however, that the student is apt to conceive of disease as a group of symptoms instead of a pathological process, and as affecting one organ alone instead of only manifesting itself in a particular case more prominently in one organ than in another.

Taken as a whole, this is the best book of its kind on the subject. One cannot help, as an American, being gratified to learn from the preface to the present edition, that a second edition of the German translation, by Dr. Engel and Dr. Posner, has appeared in Berlin; that a Russian translation has been issued; and that a French translation, by Dr. Laurent, is now in progress.

FIFTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF THE STATE OF MAINE. For the fiscal year ending December 31, 1889. 8vo, pp. x, 304. Augusta: Burleigh & Flynt, 1890.

The annual publication of reports by State Boards of Health indicates in a general way the increased interest that is being taken in hygiene and the prevention of disease. Many of these reports are crude efforts and clearly show that the information they have been able to collect is neither full enough nor precise enough to be of much value. Nevertheless the existence of such Boards and the occasional issuing of statements bearing upon the public health, must eventually make an impression for good and arouse the people to the importance of cleanliness and disease prevention, if only from an economic point of view.

The present Report contains very little of peculiar interest, because the health of Maine during 1889 was fairly good. The report of the Secretary, Dr. A. G. Young, of Augusta, shows that much good work has been done in the way of vaccination, school-house inspection, water analyses, etc. Much valuable sanitary information is given in a series of fifty or more abstracts, entitled, "Various Sanitary Topics," selected by the Secretary. F. C. Robinson, a member of the Board and Professor of Chemistry in Bowdoin College, contributes a paper on "Arsenic in Wall-paper." He examined "several hundred" samples of wall-paper, from different parts of the State, and he states that "upwards of one hundred of them are free from the poison or contain the merest trace. In fact, but three only have been found which are unmistakably dangerous."

As the Report has been prepared for all classes of persons, a glo-sary of technical terms has been added for the benefit of those unacquainted with their meaning. This is thoughtful. Altogether the Report makes a very satisfactory showing.

GEOLOGICAL SURVEY OF NEW JERSEY. Annual Report of the State Geologist for the year 1889. 8vo, pp. 112. Camden, N. J.: F. F. Patterson, 1889.

That admirable man and excellent geologist, Dr. George H. Cook, who was appointed State Geologist March 30, 1864, died September 22, 1889, and the present Report contains a brief notice of his services. The work done during 1889 was planned by him, and he also outlined a scheme for its continuance. Dr. Cook's former assistants, Mr. Irving S. Upson and Mr. Frank L. Nason, continue to act, the former being in charge of the office; while Prof. John C. Smock becomes consulting geologist.

The Report contains, first, notes on the Geodetic Survey, by Prof. E. A. Bowser. Mr. Frank L. Nason reviews the geological studies of the Archæan rocks from 1836 to the present time. Sufficient data, he says, have been collected to show that the rocks of the Archæan are not homogeneous, but that they are belts which are similar and persistent. A systematic attempt has been made to discover some orderly succession of rocks, or groups of rocks, which will hold true for the whole Archæan field. The result has been the selection of four types, named for the locality in which the rock prominently occurs. These types are: Mount Hope, Oxford, Franklin, and Montville. The first is in part the feldspathic gneiss of Prof. Smock, and in part, the hornblende gneiss of Dr. Britton. The second is in part, probably, the syneite gneiss of Prof. Smock, and the hornblende gneiss of Britton. The third is probably a biotite gneiss. The fourth is the white or crystalline limestone, although this has not been proved to be of Archæan age. The paper concludes with a statement of the economic relations of the Archæan Highlands.

A less elaborate article, by the same author, follows. It is a study of the Triassic or red-sandstone and Trap rocks. Mr. George W. Howell has a short paper on drainage, with reference to the Pequest and Passaic rivers; and C. C. Vermeule one on Water Supply and Artesian Wells. Mr. Lewis Woolman writes upon the Artesian Wells of Atlantic City. The volume concludes with some statistics of iron and zinc ores.

The geological survey of New Jersey has fallen into excellent hands. Certainly the present Report will add considerably to the scientific reputation of Prof. Cook's successors.

—A cement for slides holding preparations in glycerin is prepared by Dr. S. Apathy (*Zeitsch. Wiss. Mikr.*) by melting together equal parts of Canada balsam and paraffin (60° melting point), and continuing the heat over a moderate flame until terebinthinous vapors are no longer perceptible, and the mixture has assumed a golden yellow hue. The mass, hard when cold, is applied by first melting again.

LITERARY NOTES.

—We have received the first number of a journal called the *Review of Insanity and Nervous Disease.* The initial number contains 110 octavo pages. It is to be a quarterly, to contain almost exclusively abstracts, translations and selections, and no number is to have more than one original article. The editor is Dr. James H. McBride, of Milwaukee, Wis., and the agents are B. Westermann & Co., New York, and W. T. Keener, Chicago. The subscription price is $2.00 per annum.

—The *Cosmopolitan* for October is a very handsome and interesting number. Captain Charles King, who recently visited St. Paul and Minneapolis, has in it an illustrated article entitled "Twin Cities of the Northwest" which will prove interesting reading not only to the citizens of these two cities, but also to a great number of readers scattered throughout the country who have watched with astonishment the marvellous growth of these towns.

NEW REMEDIES AND APPLIANCES.

[In this department, notice will be given of Remedies, Food Articles, and Instruments or Surgical Appliances of which specimens are sent to the Editor; it will bear the same relation to these articles that the department of Book Reviews now does to books.]

Invalid Mattress.

Mrs. H. J. Webb, of Lockport, N. Y., has designed a mattress intended for the use of invalids. The invention consists in an arrangement by which different sections of the mattress may be detached and turned back. The advantages of an apparatus of this kind are well known to medical men, and it is also convenient to know where a thing of this sort can be procured. The sale of the mattress is in the hands of Mr. George H. Webb, of Lockport.

QUESTIONS AND ANSWERS.

[In this department will be published questions on any medical subject by readers of the REPORTER, and answers by the EDITOR or by other readers.]

DR. G. W. ENSLEY, of Waverly, Wash., writes: During the past eighteen months that I have been reading the MEDICAL AND SURGICAL REPORTER I have noticed a number of articles pertaining to the mode of administering cocaine, but very little as to its constitutional actions and uses. Will you kindly give a brief account of the latter in an early issue?

[The answer to this request will be found in the editorial columns of this issue of the REPORTER.]

NOTES AND COMMENTS.

Southern Surgical and Gynecological Association.

The Southern Surgical and Gynecological Association will be held in Atlanta, Georgia, November 11, 12, 13, 1890.

The papers announced to be read are: The President's Annual Address, George J. Engelmann, M. D., St. Louis, Mo.; How Shall We Treat Our Cases of Pelvic Inflammation? R. B. Maury, M. D., Memphis, Tenn.; The General and Local Treatment of Gangrenous Diseases and Wounds, Bedford Brown, M. D., Alexandria, Va.; Further Study of the Direct and Reflex Effects of Lacerations of the Female Perineum, J. H. Blanks, M. D., Nashville, Tenn.; Abdominal and Pelvic Surgery in America, Joseph Price, M. D., Philadelphia, Pa.; Intra-Ligamentous Ovarian Cystoma, Cornelius Kollock, M. D., Cheraw, S. C.; Anatomy and Pathology of the Ileo-Cæcal Region, Richard Douglas, M. D., Nashville, Tenn.; Wet Antiseptic Dressings in Hand Injuries, Wm. Perrin Nicolson, Atlanta, Ga.; The Best Route to the Bladder in the Male for Disease or for Foreign Bodies, Hunter McGuire, M. D., Richmond, Va.; Suprapubic Cystotomy in a Case of Enlarged Prostate, Wm. H. H. Cobb, M. D., Goldsboro, N. C.; Indications for Cholecystotomy, A. M. Owen, M. D., Evansville, Ind.; Uterine Moles and Their Treatment, J. T. Wilson, M. D., Sherman, Texas; Strictures of the Male Urethra, W. F. Westmoreland, M. D., Atlanta, Ga.; Treatment of Urethral Strictures by Electricity, W. Frank Glenn, M. D., Nashville, Tenn.; The Surgical Treatment of Empyema, J. A. Goggans, M. D., Alexander City, Ala.; Cases in Abdominal Surgery, I. S. Stone, M. D., Lincoln, Va.; Rectal Medication in Pelvic Troubles, W. Hampton Caldwell, Lexington, Ky.; Conservative Surgery in Injuries of the Foot, J. T. Wilson, M. D., Sherman, Texas; The Management of the Infantile Prepuce, George Ben. Johnston, Richmond, Va.; The Ultimate Results of Trachelorrhaphy, Virgil O. Hardon, Atlanta, Ga.; Further Observations on the Dangers of Operative Delay in Prostatic Troubles, with Personal Experience, R. D. Webb, M. D., Birmingham, Ala.; Clinical History of the Epicystic Surgical Fistula, with Cases, John D. S. Davis, M. D., Birmingham, Ala.; Foreign Bodies in the Air Passages, with Report of Cases, John E. Pendleton, M. D., Hartford, Ky.; Cholecystotomy, W.

E. B. Davis, M. D., Birmingham, Ala.; Two Cases of Laparotomy for Intestinal Obstruction, J. T. Jelks, M. D., Hot Springs, Ark.; Is Gonorrhœa Ever a Cause for Pelvic Inflammations? J. R. Buist, M. D., Nashville, Tenn.; and papers the titles of which have not been sent in, by W. O. Roberts, M. D., Louisville, Ky.; L. S. McMurtry, M. D., Louisville, Ky.; Wm. D. Haggard, M. D., Nashville, Tenn.; Hunter P. Cooper, M. D., Atlanta, Ga. Information in regard to the meeting may be obtained of the Secretary, W. E. B. Davis, M. D., Birmingham, Ala., or the President, George J. Englemann, M. D., St. Louis, Mo.

Hydrophobia Notes.

[The following is a summary of such information as the REPORTER has been able to gather from newspaper publications in regard to the Pasteur Institute in New York. Fuller and more exact reports, direct from Dr. Gibier, would be welcomed by the profession.]

Since the point to which the report in the MEDICAL AND SURGICAL REPORTER, July 5, carried the notes on hydrophobia, Dr. Gibier has expressed his opinion in regard to the case of a French Canadian who died in Bellevue Hospital, June 10, with his arms tied to the side of the bed, and four men holding him, while the physicians dosed him with morphia and gave him chloroform. Gibier says it was a genuine case of hydrophobia. The following cases were received for treatment at the Pasteur Institute in New York:

June 12, a woman bitten by a cat was taken to the Pasteur Institute in New York, where Gibier had "strong hopes" of saving her life.

June 12, a woman of New York, bitten by a cat.

June 14, a young man bitten by a dog in Rhode Island; a woman bitten by a dog at Jamaica (N. Y. ?)

June 17, a boy, twelve years old, bitten two weeks before by a dog which was at once drowned. Dr. Gibier refused to treat him, saying he would certainly die of hydrophobia. [He got well, however.] The same day a woman in Brooklyn, bitten by a friend's Newfoundland dog.

June 28, a man from Brunswick, Me., a colored boy from Asheville, N. C., a colored girl from Augusta, Ga., a man from Norwich, Conn.

July 2, a man over seventy years old bitten, October 6, 1889, by a dog, came to Gibier, who told him he could do nothing for him, and that he was a "doomed man." [He got over his symptoms, however, and did not die as Gibier predicted.]

The same day a young working girl came from Massachusetts, bitten by a dog thirty-three days before—dog immediately killed and nothing known as to its having rabies.

Also came a small boy, of New York, bitten, June 30, by a dog, which was shot by a policeman. A man of New York, wounded by a cat, was sent away to watch the cat closely and return if it developed signs of rabies.

July 6, a daughter of a physician of New York, bitten on the hand "some time ago."

July 7, two men from Brooklyn, bitten July 4, by a bull dog. The dog was placed under surveillance of a veterinarian. (One account says it was "crazed" by fireworks and was killed at once.) The same day also a veterinarian of Massachusetts, bitten May 5, in the leg, by a dog he was watching for rabies.

July 10, Mr. Joel Palmer and two children, of Voluntown, Conn., bitten July 9, on the hands by their own shepherd dog, which was chased and killed.

July 11, an infant two years old, in N. Y. bitten in leg by a dog that "escaped."

July 13, a man from Arizona, bitten in the ear and hand by a skunk two months before.

Also a commercial traveler of New York, bitten in the leg in Connecticut; and a boy from New Hampshire, bitten on the elbow.

July 18, a boy bitten in the leg, and another boy bitten in the arm.

[Gibier sailed for Europe July 19.]

July 21, a physician, his wife, and a servant who were not bitten, but had received upon the hands saliva from a dog afterwards suspected of having rabies; also a man from New Brunswick bitten four weeks before.

July 27, a woman of Hamburg, Conn., Mrs. Rosenthal, said to have showed symptoms of hydrophobia a few days after being bitten by a rabid dog, was reported to have been successfully treated by Gibier.

August 4, a young woman from Somerville, Mass., badly lacerated in the thigh and arm by a "mad dog" was received at the New York Pasteur Institute. On the same day a small boy from New Jersey, bitten on the thigh by a dog that afterwards died with symptoms of rabies; and a man from Springfield, Mo., bitten on the hand.

The dog "had to be shot before his jaws could be loosened" from the man's hand.

August 13, Moses Moore, of Arizona, bitten on the foot by a skunk a few days before, was "on his way to the Pasteur Institute in New York."

[August 31, Gibier returned to New York.]

September 10, a boy fourteen years old from Nebraska, bitten 28 days before by a dog, which had bitten a cow, which died ten days later of "hydrophobia." The same day a young man from Norfolk, Va., bitten by a "mad dog," August 29; also Miss Maggie Quenzer, of Plainfield, N. J., bitten in the hand on that very day by a dog which was killed, and which Gibier said was rabid because he found its stomach "terribly diseased" and "containing stones, nails, and pieces of wood." [A child bitten by the same dog at the same time was *not* taken to Gibier, and we believe has fared as well as his patient.]

Florida's University.

The plans of the buildings for the projected university at Tarpon Springs, Fla., of which Dr. Charles E. Sajous, of Philadelphia, is President, are now in hand, and it is stated lectures are to be commenced on October of next year. At first there will be only one building, but others are to be added. The lines of Harvard are to be closely followed, and there will be faculties of medicine, law, theology, arts, veterinary surgery and dentistry.

The university has been mainly founded for students of debilitated health who are compelled by the severity of the Northern winters to forego study during those months and to travel in the South. The medical department will give special attention to the study of climatic treatment of pulmonary affections. There will be a sanatarium and colony founded in connection with the university, and the whole will form a health resort for the winter months corresponding to the European Riviera.

Bacteriology Run to Extremes.

The *Medical Record*, August 30, 1890, says editorially: Is it not about time to halt a while in our restless search after the microscopical accompaniments of certain diseases, and pause to consider what we are accomplishing, and whether there is not some danger of becoming men of one idea, narrow to the extreme in our conception of what disease actually is, and of how we ought to combat its ravages. It may be that we are no different from other men, yet it would seem as though medical men might be justly called the Athenians among men of science, in that they "employ themselves in nothing else, but either in telling or in hearing some new thing," and when they have found that new thing they let everything else go and cling to that alone. It is thus with the study of bacteriology. It has been ascertained almost to a certainty that the tubercular process, for example, is associated with a certain form of microscopic growth which is not found as an accompaniment of other diseases. It is therefore assumed, correctly no doubt, that this micro-parasite is the cause, either directly or indirectly, of tuberculosis. Other microbes have been found in relation with other diseases, and it has also been assumed that a causal nexus exists. This is well enough, it is a plausible theory, and one that offers great hope of advance in the therapy of certain diseases, and if it does not blind us to the actual necessities of treatment and lead us to neglect the plain indications while running after some specific microbicide, there is no objection to its further study and amplification. But here is where the tendency of mankind, in general, and seemingly of the medical profession, in particular, to ride a hobby to death betrays itself. Some are not satisfied in accepting what has already been proven, but they must assume what remains to be, and which possibly never will be proved. They look for the bacillus in every departure of the human organism from health, and they run a serious risk of making themselves, as well as the science which they study, ridiculous. Not long ago it was gravely announced in an Italian journal that some one had discovered the bacillus of old age. Of course that was intended as a joke, but so ready at the present day are some minds to see the infinitesimal in pathology that not all could see the joke, and several medical papers reproduced the item containing the announcement of the great discovery in all seriousness, never for a moment seeming to see in it anything but the most natural discovery, and one that would explain many of the lesions found in those of advancing years. But there are other things put forward in good faith which are almost as ridiculous. Not long since a Russian

investigator examined the water obtained from melted hail-stones, and found it to contain several varieties of bacteria. There was nothing very remarkable in this discovery, for it would have been strange had no bacteria been found, but what was remarkable was the conclusion which the man drew. He thought it very probable, since rain, snow, and hail had all been found to contain micro-organisms, that there was a specific, and hitherto undescribed, disease to which only those were liable who had been exposed to a storm and had been wet to the skin by water containing these peculiar bacilli. It is not the search after microbes that is absurd, but the conclusions which many run to without first establishing their premises. We are not yet in position to assert that there can be no disease without its specific micro-organism, and those who do so maintain are in danger of making their science a subject of ridicule to men whose range of vision extends beyond the microscope field. They also interfere with therapeutic progress by turning men's minds away from the phenomena of diseased action and hunting after an invisible foe, which may after all be found to have less power for evil than it is now credited with.

Maggots in the Stomach.

In the *Deutsche Medicinische Wochenschrift*, June 26, 1890, Dr. Landon, of Elbing, reports the case of a child, six and a half years old, who was attacked with vomiting and diarrhœa after vaccination. The stools contained a large number of worms. The mother stated positively that the discharge of worms did not occur every day, and that these were only present in the stools and not in the vomit. The child died in eight weeks, with manifestations of extreme exhaustion. It was robust and healthy at birth and had been fed with artificial food: flour and milk prepared the day before using. Through carelessness and lack of cleanliness, it is possible the disease resulted from the presence of the ova of flies in the food, a condition referred to by Kirchenmeister in his text-book. The parasites were examined by Virchow and Chun. The latter called the larva that of the horse-fly—*tabanus*—which lays its eggs in the nasal cavity of the horse. Displaced larvæ find their way through the pharynx into the stomach and fasten themselves to the mucous membrane by means of a pair of hooks, situated on the head, so that the stomach of a horse may be literally studded with the parasites. A similar state of affairs might be present in the human stomach.

Autopsies in such cases are rare on account of the generally favorable course of the disease, and none was made in Landon's case; so that it is not as complete or as conclusive as might be wished.

New Methods of Treating Erysipelas.

The *Bulletin Médical*, May 28, 1890, contains a brief review of some of the more recent methods of treating erysipelas, which is sufficiently interesting to warrant reproduction.

Rosenbach's method consists in first washing with soap, not only the erysipelatous area but also all the surrounding surface of the skin, and the bathing of the same parts every day with a five per cent. solution of carbolic acid in absolute alcohol. Brilliant results are reported, not only as regards the progress of the disease but also in controlling the febrile phenomena. Absolute alcohol alone is said to have produced favorable results.

Nolte paints twice a day all the diseased surface, and for an inch around it, with a mucilage of gum arabic mixed with three or five per cent. of carbolic acid. Good results are reported. Ebstein mixes the carbolic acid with vaseline.

Koch applies with a soft brush a thin layer of the following ointment:

℞ Creolin . . . . . gr. xv
Iodoform . . . . . ʒi
Lanolin . . . . . gr. cl

The parts are then covered with a sheet of gutta-percha. It is said to give good results especially in erysipelas of the face and of the hairy parts.

Nussbaum and Brunn employ ichthyol, with or without collodion. The results are said to be both favorable and prompt.

Hallopeau saturates several thicknesses of muslin with a solution of one part in twenty of salicylate of soda, and applies the muslin to the affected parts as a mask. Over this is placed rubber plaster to prevent evaporation. Relief is said to be almost immediate, and recovery to occur from the third to the fifth day.

Hueter's method strikes me as heroic. He employs injections of diluted carbolic acid into the healthy skin, in amounts of ten to fifteen grams, divided into several injections. These are made at a distance of one-third or half an inch from the edge of the diseased part. The following solution, freshly prepared, is the one used:

℞ Acidi carbol. puri
Alcoholis absoluti . . . . . aa ♏ xlv
Aq. destill. . . . . f℥iii

This method is very painful, and is applicable only to grave cases of erysipelas of the face and hairy parts.

Kraske scarifies the edges of the erysipelatous patch before applying to it the antiseptic substance. Lauenstein's advice is to limit incision exclusively to the healthy skin, and then to cover the parts up with dressings moist with a solution of carbolic acid or corrosive sublimate.

The method of Wolfler consists of mechanical compression by means of strips of adhesive plaster applied upon the healthy skin at the margins of the diseased parts, so as to circumscribe the latter completely. Kroell proposes the use of rubber tubes or bands in place of adhesive plaster.

Execution by Electricity.

Dr. C. F. MacDonald, President of the State Commission in Lunacy, on October 8, made a report to Governor Hill, of New York, on the execution of Wm. Kemmler. He asserts that death was sudden and painless, and that despite all hostile criticism the first execution by electricity was a successful experiment and will be regarded in the future as a step in the direction of a higher civilization, being infinitely preferable to hanging.

He recommends that there be but one electrical plant, located in the centre of the State, with a competent electrician in charge; that there be especially constructed apparatus of at least 3,000-volt power, which will do no injustice to any electrical lighting company, as would be the case with commercial dynamos; that the voltage employed should not be less than 1,500 nor more than 2,000; that a careful record be kept of every point, and that an official report to the Governor be made within 10 days after the execution.

NEWS.

—Dr. Walter D. Green has removed from 214 South Fifteenth street, to 131 South Fifteenth street, Philadelphia.

—A committee has been appointed by the Philadelphia County Medical Society to draft a law that will restrict the practice of hypnotism to its legitimate channels.

—Dr. James Farrar Stone has just completed a new building for the physical training school and gymnasium for women and children at 1808 Green street, Philadelphia.

—Dr. William A. Edwards, formerly of Philadelphia, and now of San Diego, California, was married, October 6, to Frances Louise, daughter of Mr. and Mrs. Alfonso Taft.

—It is reported that Dr. Roberts Bartholow will shortly resign the Chair of Therapeutics at the Jefferson Medical College, and this is said to be on account of incapacity caused by overwork.

—Pestonjle Hormusjle Cama, the philanthropist who founded the Cama Hospital at Bombay, has given 25,000 rupees to the Bombay University, in order to encourage medical education among women.

—Dr. Henry McGonegal, who was recently convicted in New York of manslaughter in causing the death of Annie Goodwin by malpractice, was sentenced on October 15 to fourteen years imprisonment.

—The Kensington Hospital for Women, in Philadelphia, has just purchased a large building at No. 136 Diamond street, which will permit the accommodation of twice as many patients as the Hospital can now admit.

—A young woman twenty years old, died in Brooklyn, October 14, from malpractice. It is said that she procured medicine on a prescription furnished by a Brooklyn physician, and that this medicine is to be analyzed.

—A number of New York medical practitioners are said to have organized a Physicians' Musical Club. The Philadelphia *Ledger* commenting on this fact says that "each member should compose some fresh air for the sick-room."

—One of Reed & Carnrick's extensive factories at Goshen, N. Y., was destroyed by fire on September 10. This factory which was devoted wholly to the production of their Soluble Food and Lacto-Preparata will be rebuilt three times the size of the one burned, with machinery correspondingly enlarged.